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TO:	PHONE #:	FAX #:
United States Patent and Trademark Office Mail Stop Amendment Examiner: Lynn Anne Bristol Art Unit: 1634		571-273-8300

From : Barry S. Wilson
Email Address : bwilson@foley.com
Sender's Direct Dial : 858.847.6722
Date : June 5, 2006
Client/Matter No : 047630-0301
User ID No : 3067

U.S. Application No.: 10/723,003
Docket No.: 047630-0301

MESSAGE:

Please find enclosed:

Transmittal (2 pages);

Response to Restriction Requirement (10 pages).

If there are any problems with this transmission or if you have not
received all of the pages, please call 571-273-8300.

Operator:	Time Sent:	Return Original To: Vanessa E. Agha
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Cover Page 1 of 1

DLMR_283108.1

PAGE 1/4 * RCVD AT 6/5/2006 3:37:20 PM [Eastern Daylight Time] * SVR:USPTO-EFXXRF-1/9 * DNIS:2738300 * CSID: * DURATION (mm-ss):01:38

JUN 05 2006 Atty. Dkt. No. 047630-0301

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ma, et al.

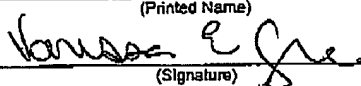
Title: PREPARATION AND
APPLICATION OF ANTI-
TUMOR BIFUNCTIONAL
FUSION PROTEINS

Appl. No.: 10/723,003

Filing Date: 11/26/2003

Examiner: Lynn Anne Bristol

Art Unit: 1643

CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below.	
Vanessa E. Agha	
(Printed Name)	
	
(Signature)	
June 5, 2006	
(Date of Deposit)	

TRANSMITTALMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed please find:

[X] Amendment and Response to a Restriction Requirement (10 pages).

[X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	46	-	49	=	0	x	\$50.00	=	\$0.00
Independent Claims:	2	-	8	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$360.00	=	\$0.00
CLAIMS FEE TOTAL									= \$0.00

Atty. Dkt. No. 047630-0301

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$450.00	0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,020.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00	\$0.00
EXTENSION FEE TOTAL:		\$0.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
<input type="checkbox"/> Information Disclosure Statement	\$180.00	\$0.00
TOTAL FILING FEE		\$00.00
Small Entity Fees Apply (subtract ½ of above):		0.00
TOTAL FEE:		\$0.00

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this transmittal, or to credit any overpayment, to Deposit Account No. 50-0872.

Respectfully submitted,

Date June 5, 2006By Barry Wilson

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Attorney for Applicant

JUN 05 2006

Atty. Dkt. No. 047630-0301

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Applicant: Ma, et al.

Title: PREPARATION AND
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AMENDMENT AND RESPONSE TO A RESTRICTION REQUIREMENTMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This communication is responsive to a Restriction Requirement mailed May 4, 2006.

Amendments to the Claims are reflected in the listing of claims which begins on page 2
of this document.

Remarks/Arguments begin on page 9 of this document.

Please amend the application as follows: